



REGIONAL PARTNERSHIP GRANTS

GRANT PERIOD: 2018–2023

FAMILY RECOVERY PROJECT CENTRAL

LEAD AGENCY: Institute for Health and Recovery, Inc.

TARGET SERVICE AREA: Worcester County

LOCATION: Cambridge, Massachusetts

ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: 1

CONGRESSIONAL DISTRICT SERVED: MA-002

BRIEF PROGRAM DESCRIPTION

PROGRAM DESCRIPTION: The Family Recovery Project Central (FRP) is a project of the Institute for Health and Recovery (IHR), in collaboration with the Massachusetts Department of Children and Families (DCF), Massachusetts Department of Public Health Bureau of Substance Addiction Services (DPH BSAS), Spectrum Health Systems' Everyday Miracles (the BSAS-funded Recovery Center in Worcester), and Advocates for Human Potential, Inc. (AHP) (Evaluator).

IHR delivers home- and community-based (including remote services as needed), trauma-informed, evidence-based substance use disorder (SUD) treatment to support families with the intention of building family recovery, including supporting reunification of families. The unique model has two teams composed of a licensed child-family clinician and a peer recovery specialist who provide appropriate levels of assistance. Services include treating SUD, building parent-child attachment, healing the effects of trauma, stabilizing parental recovery, and helping children develop resilience and developmentally appropriate skills and behaviors. Family health, child safety, and stability are the ultimate goals of services. Teams engage with families to assess the needs of parents and children, develop family recovery plans, address issues of traumatic stress and attachment in children, facilitate recovery, nurture and guide the development of parenting skills, build or rebuild parent-child attachment, and facilitate access to a range of supportive and basic services. Case management services include assisting families in accessing a range of supportive services, including recovery support at Everyday Miracles, Worcester's Peer Recovery Center. In addition, FRP provides co-facilitation of group-based interventions, including Seeking Safety and the Nurturing Program for Families in Substance Abuse Treatment and Recovery.

IHR collaborates with a variety of Worcester, Massachusetts, coalitions and workgroups, including the Family Recovery Council. This cross-systems work is aimed at improving interagency collaborations and integrating programs, activities, and services that are designed to (1) increase child well-being, (2) improve permanency outcomes, (3) enhance the safety of children who are in an out-of-home placement or are at risk of being placed in out-of-home care as a result of parental/caregiver substance use, and (4) promote safe and stable families. In so doing, IHR builds capacity to meet the needs of families involved with SUD treatment, DCF, mental health services, and courts involved with these high-risk families. Collaborators include the Worcester Peer Recovery Center, Spectrum Health Services' Everyday Miracles, the state's DCF, BSAS, and AHP as evaluator.

TARGET POPULATION: The target population is families with open DCF cases who have children who have been removed from the family and have a goal of reunification, or who have children at imminent risk for removal because of parental substance use.

PROJECTED NUMBERS SERVED: Over the 5-year grant period, FRP Central will provide 250 DCF-involved parents and their children, referred by two DCF offices in Worcester, with home- and community-based services (including remote services as needed).

MAJOR PROGRAM GOALS

GOAL 1: Improve the well-being, permanency outcomes, and safety of children.

GOAL 2: Improve children's developmental outcomes.

GOAL 3: Improve parents' access to and retention in SUD treatment and improve stability in recovery, well-being, and family interactions.

GOAL 4: Build upon Worcester's system-level capacity through the Family Recovery Council and other collaborations and workgroups.

GOAL 5: Conduct a rigorous evaluation that will contribute to the knowledge base.

KEY PROGRAM SERVICES

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| • Intensive Case Management Services (for whole family) | • Seeking Safety |
| • Wraparound/Intensive In-Home Comprehensive Services | • Child-Parent Psychotherapy |
| • Nurturing Program Families in Substance Abuse Treatment and Recovery | • Individual and Group Treatment (provided by master's-level child-family clinicians) |
| • Child Family Clinicians | • Individual and Group Support (provided by peer recovery specialists) |
| • Peer Recovery Specialists | • Home- and Community-Based (and remote as needed) SUD Treatment |
| • Individual and Group Mental Health Services | • Motivational Interviewing |

PARTNER AGENCIES AND ORGANIZATIONS

- Advocates for Human Potential, Inc.
- Department of Public Health Bureau of Substance Addiction Services
- Spectrum Health Services' Everyday Miracles (Worcester's Peer Recovery Center)
- State Department of Children and Families

EVALUATION DESIGN

The grantee's local evaluation has an impact study and a process study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

IMPACT STUDY DESIGN

The grantee uses a Quasi-Experimental Study (QED) to examine the impact of its RPG services among families who are involved with DCF in Worcester, Massachusetts. Members of the program group are assigned to a child-family clinician and peer recovery specialist team and receive intensive home-based services that include Child-Parent Psychotherapy; Attachment, Self-Regulation, and Competency (ARC); and/or Motivational Interviewing. Members of the program and comparison groups may receive any of the following services from Everyday Miracles and either IHR (program members) or other community services (comparison group members), depending on their specific needs: child and family screenings and assessments;

individualized family service plans and plans of safe care; referrals, linkages, and access to services for adults (for SUD, recovery, domestic violence, trauma, and/or mental health), children (developmental and/or educational services), and substance-exposed newborns (behavioral health and early intervention services); adult engagement and/or retention in substance use treatment and recovery support services; and up to three group-based programs that include Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery, Seeking Safety, and Building Resilience in Kids. Families' participation in RPG services is expected to last 6–8 months. The impact study includes 500 families, with 250 in the program group and 250 in the matched comparison group. The grantee examines impacts in the following domains: permanency, safety, and recovery. The grantee is also examining how outcomes change for families in the program group over the course of their time in the RPG program in two additional domains: child well-being and family functioning.

Data sources include administrative data (for both the program and comparison groups) and information collected by data collectors using standardized instruments (for only the program group). Evaluation staff conduct data collection with standardized instruments for the program group. Data are collected two times for each program group family: (1) when families begin services (baseline) and (2) at the time of case closure (approximately 6–8 months after baseline).

PROCESS STUDY DESIGN

In the process study, the grantee is examining project implementation; family access and barriers to services; partner communication and collaboration; and dissemination, sustainability, and system effectiveness and efficiency. Data sources include surveys and interviews with frontline staff, surveys and interviews with partners, observations of project activities and events, training and other cross-system activity logs, and document review.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

IHR expects that by year 5 of FRP, it will have data that demonstrate the value and impact of home- and community-based and integrated services on child and family outcomes. DCF and BSAS staff continue to advocate for state and local funding for these services and work to develop a fiscal plan that supports the services through a combination of state contracts and third-party sources. Communication with third-party payers, Medicaid, and Accountable Care Organizations will be ongoing to determine appropriate reimbursement structures.

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